



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

10/21/15

Angie Genthe  
2324 J St SW  
Cedar Rapids IA 52404

Dear Child Care Provider,

This letter is in regards to the 10/08/15 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 441 IAC 110.4 Limit. Except as provided in subrule 110.4(3), no greater number of children shall be received for care at any one time than the number authorized on the registration certificate.

**As a Level B provider you are limited to 12 children in care at any point in time. Of the 12 children no more than 3 can be under 18 months of age, no more than 4 can be under 24 months of age, and no more than 6 can be under school aged (not started Kindergarten yet). You may care for an additional 2 children who are under school aged so long as the times you are over 6 children who are under school aged are tracked and they stay below 180 hours a month. You may never have more than 8 children who are under school aged at a time in your care. You may have in addition up to 4 school aged children. If your numbers are over 8 children, for 2 hours or more, you are required to have an approved assistant to help with childrens needs.**

**You had \_10\_ children in your care upon my visit. Your substitutes children count in your numbers if they are on the same level with you and the child care program and are interacting with the child care program. When I arrived they were all in the living room sleeping.**

**FINDINGS:** *Identify FINDINGS in each area of non-compliance.*

☐ 441 IAC 110.5(1)"f" Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers. **Fire marshal states there should be a 3 ft clearance from all gas pilot lights. You need to move stuff away from the gas pilots on the furnace and water heater in the basement .**

☐ 441 IAC 110.5(1)"n" The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes. **Need one in the**

following room: living room. You said you just painted that room last week and still had not put the smoke detector back up.

☐ 441 IAC 110.5(1)“p” Children under the age of one year shall be placed on their backs when sleeping unless otherwise authorized in writing by a physician. **Item “p” addresses the need to place a child under the age of 1 on their back when you lay them down to nap. If they roll over you do not have to reposition them but they must start on their back. This also means if they fall asleep in a swing or car seat they should be removed and placed on their back for their sleep time. They also should not have items in the bed with them. The only way you can start a sleeping child (under 12 months of age) in a position other than on their back, is if you have a physicians order in the child’s file stating this.**

**You had two children sleeping in unapproved devices. One was in a swing and the other was in a bouncy seat. They were both sleeping in those devises. When a child under the age of one, is in a device like that and falls asleep they must be moved to an approved sleeping device which lays them flat on their back for sleep. That can either be an approved crib that meets the federal guidelines, or a pack in play/ play pen that are not on recall.**

☐ 441 IAC 110.5(1)“v” The provider shall have written policy and procedures for responding to health-related emergencies. **Need to develop in more detail. Your policy covers only a major health emergency. You need to cover from minor to major health emergencies and address transportation needs for health emergency. Many providers put this information in their contract.**

**Items “u ” addresses the need to have written policy on how you would respond to health related emergencies. Please develop those policies to share with your families. You can see samples of this in the guidebook on page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program.**

### ***Health Related Emergency Policy ----Sample***

***In the event of a minor health related emergency ( ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child’s needs have been dealt with.***

***In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.***

***In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.***

***The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.***

***I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.***

***I will complete an injury report form and send a copy home with the family and retain one for the child's file if first aid is applied due to an injury.***

- ☐ 441 IAC 110.5(2) A provider file is maintained and contains:
- ☐ 441 IAC 110.5(2)“a” A physician’s examination report for the provider and all members of the household . Acceptable physical examinations shall be documented on Form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to initial registration; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every **three** years. **Need now every 3 years and on the new form, 470-5152 which I left a copy for your use. You need them on the correct form.**
- ☐ 441 IAC 110.5(2)“b” (1) Certificates or training verification and record check documentation. Within the first three months of registration : Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date. **Need the training certificates for CPR first aid which you stated you just took. For assistance in finding training call CCRR at 866-324-3236 x 1410.**
- ☐ 441 IAC110.5(2)“c” An individual file is maintained for each staff assistant and contains:
  - (2) A completed Form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every **three** years. **Need for your assistants Donny and Randy.**

(3)Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. **Need. I am including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a certificate you will need to call the number on the web site. Need for your assistants Donny and Randy.**

**WHO:** This training is designed for child care providers

**WHAT:** Mandatory Child Abuse Reporter Training for Child Care Providers

**WHERE:** On-Line, start at this link <http://dhs.training-source.org> You must register by entering your provider number (assistants and substitutes use your provider number on your certificate)

**WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course. I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.**

- ☐ 441 IAC 110.5(2)“d” An individual file is maintained for each substitute and contains:
- (2) A completed Form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years. Need for your substitutes Donny and Randy.**

**(3) Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. Need. ) I am including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a certificate you will need to call the number on the web site. Need for your substitute Donny.**

**WHO: This training is designed for child care providers**

**WHAT: Mandatory Child Abuse Reporter Training for Child Care Providers**

**WHERE: On-Line, start at this link <http://dhs.training-source.org> You must register by entering your provider number ( assistants and substitutes use your provider number found on your certificate)**

**WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course. I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.**

**(4) Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. Need For assistance in finding training call CCRR at 866-324-3236 x 1410. Need for your substitute Donny.**

- ☐ 441 IAC 110.5(8) Children’s Files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains: **The children’s files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine’s Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

- ☐ 441 IAC 110.5(8) “a”. Identifying information including, at a minimum, the child’s name, birth date, parent’s name, address, telephone number, special needs of the child, and the parent’s work address and telephone number. **Need an annual update for 6 children’s files: EH, IH, CC, SS, PB, AND AB.**

- ☐ 441 IAC 110.5 (8) “b”. Emergency information including, at a minimum, where the parent can be reached, the name, street address, city and telephone number of the child’s regular source of health care, and the name, telephone number, and relationship to the child of another adult available in case of emergency. **Need an annual update for 6 children’s files: EH, IH, CC, SS, PB, AND AB.**

☐ 441 IAC 110.5(8) “c”. A signed medical consent from the parent authorizing emergency treatment. **Need an annual update for 6 children’s files: EH, IH, CC, SS, PB, AND AB.**

☐ 441 IAC 110.5(8) “d”. An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician

(1) The date of the physical examination shall not be more than 12 months before the child’s first day of attendance at the child development home.

(2) The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.

(3) For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physical examination report.

(4) The examination report or statement of health status shall be on file before the child’s first day of care **Need for: EC,RC, OW, SS, PB AND AB AND FOR SCHOOL AGED CHILDREN ALL BUT ZL, KL, AND PL .**

☐ 441 IAC 110.5(8) “e”. A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement. **Need but unsure how many have been there more than a year. For school aged children need for all but ZL, KL, AND PL .**

☐ 441 IAC 110.5(8) “h”. For each school-age child, on the first day of attendance, documentation of a physical examination that was completed at the time of school enrollment or since. **Need for LC and AM.**

☐ 441 IAC 110.5(8) “g”. A signed and dated immunization certificate provided by the state department of public health. For the school-age child, a copy of the most recent immunization record shall be acceptable. **Need for: LC, AM,, ZL, KL, EC, RC, PB, AB and updates for SS.**

☐ 441 IAC 110.5(8) “f”. A list signed by the parent which names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child. **Need an annual update for 6 children’s files: EH, IH, CC, SS, PB, AND AB.**

☐ 441 IAC 110.5(8) “i”. Written permission from the parent for the child to attend activities away from the child development home. The permission shall include:

(1) Times of departure and arrival.

(2) Destination.

(3) Persons who will be responsible for the child **You need written permission every time you leave the premises. The above items must be addressed each time. I suggest you use a general permission request and include trips as noted on the monthly calendar. Any special activities can be added to the calendar for that month. Then have each parent sign off on your monthly calendar with your routine trips, before the activities are completed. - Need for all children that you travel with. This includes transporting to and from school.**

☐ 441 IAC 110.5(10) Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider

e. The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need to keep track**

**441 IAC 110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"**

☐ 441 IAC 110.9(1)"a" No more than six children not attending kindergarten or a higher grade level shall be present at any one time. **On day of visit you had 10 preschool children in care. Your son was also your substitute provider was present but 2 of his children but when they are present in interacting with the kids in the program they need to count in your numbers. 2 of the children you stated were using part time hours, but you have not been tracking these hours, so there is not a way to verify this.**

☐ 441 IAC 110.9(1)"d" In addition to these ten children, no more than two children who are receiving care on a part-time basis may be present. **You had more than 2 children receiving part time care. Your sons children could have been counted in part time hours but again you are over your allowed number of children. You also need to track these hours to ensure you stay within your limited hundred and 80 per month.**

**Suggestions for Improvement:**

Your Child Care Resouce and Referral Consultant has a wealth of knowledge and insight into your day to day struggles as an in home child care provider. They are a valuable resource to you. Plese call to arrange a appointment .

In addition HACAP has many programs that could be of assistance to you. They operate the PACES to quality and the CACFP(Food Program). Please feel free to call them .

I am enclosing a child development home safety plan for you to sign. It addresses the 2 major concerns number of children and sleek devices for children under the age of one. Please sign this and return it immediately.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.**

☒ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home.

**Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

**I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.**

**Please sign and date below, and return this form in the provided envelope by: 45 days from receipt.**

X \_\_\_\_\_  
Signature Date

Please do not hesitate to contact me at DHS at 319 892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook  
Social Worker II

Karen Andrew  
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to [http://www.dhs.state.ia.us/Consumers/Child\\_Care/Professional\\_Development.html](http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html) and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).